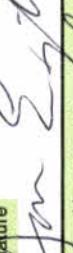
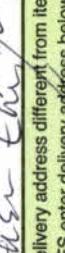


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 <ul style="list-style-type: none"> <li>■ Please attach this card to your envelope.</li> <li>■ So that we can return the card to you.</li> <li>■ Attach this card to the back of the mail piece,</li> <li>■ or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 10/13/17</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below:  <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert Mitchell TIFFANY &amp; BOSCO PA Camelback Explanade II, 7th Floor 2525 E. Camelback Road Phoenix, AZ 85016</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
		<p>2. Article Number (Transfer from service label)</p> <p>File # 20086A18-0340</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>			
<p>Domestic Return Receipt</p>			